

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on September 15, 2004

Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara
(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. SUN-P5670-RSH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)

Ian W. Jones)

Serial No. 09/839,704)

Filing Date: April 20, 2001)

Title: APPARATUS AND METHOD FOR)
FOR SEQUENCING MEMORY)
OPERATIONS IN AN ASYNCHRONOUS)
SWITCH FABRIC)

) Examiner: Ho, Duc Chi

) Group Art Unit: 2665

RECEIVED

SEP 23 2004

Technology Center 2600

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ [x] Response under 37 C.F.R. § 1.111 to official action mailed September 8, 2004.
- ☐ [] A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ [] Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ [] 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ [] Information disclosure statement, form 1449 and ___ references.
- ☒ [x] No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

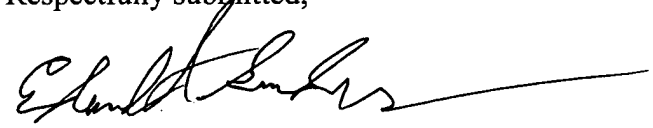
AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P5670).

Edward J. Grundler
Park, Vaughan & Fleming LLP
508 Second Street, Suite 201
Davis, CA 95616
Tel: (530) 759-1663
FAX: (530) 759-1665

Respectfully submitted,

By


Edward J. Grundler
Registration No. 47,615

Date: September 15, 2004